# TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS COMMUNITY SERVICES BLOCK GRANT PROPOSED BUDGET

COMI	FFY	2017	JI OSED I	COUGET
Please enter the requ	ested information into the YELLO	W cells on each page	e and sign th	e Summary Page below
Subrecipient:	City of Austin He	ealth and Huma	n Services	Department
Service Area:		Travis County	,	
CSBG ALLOCATIO	ON:	\$		1,158,192.00
IMPORTANT! This "Sumn	nary Page" will self-populate as you co	mplete each of the Bu	dget Support S	Sheets (B1 - B6):
P	SUDGET CATEGORIES			AMOUNT
B.1 Personnel (Detailed on Budget Su	pport Sheet B.1)		\$	160,124.00
B.2 Fringe Benefits (Detailed on Budget Su	pport Sheet B.2)		\$	79,691.00
B.2 Travel (Detailed on Budget Su	pport Sheet B.2)		\$	•
B.2 Supplies (Detailed on Budget St	upport Sheet B.2)		\$	-
B.3 Equipment (Detailed on Budget St	apport Sheet B.3)		\$	<u>.</u>
B.4 Contractual (Detailed on Budget St	upport Sheet B.4)		\$	118,171.00
B.5 Other (Detailed on Budget S	upport Sheet B.5)		\$	=
B.6 TOP and Direct (Detailed on Budget S	1.1		\$	800,206.00
B.7 Indirect Costs (Your agency has an app Budget Support Sheet B.7)	roved Cost Allocation Plan? If "YE	S," enter detail on	\$	-
TOTAL BUDGET*			\$	1,158,192.00
*TOTAL BUDGET" mus	t equal the "CSBG Allocation" abo	ve. Diff.:	\$	-
a section to	Subrecipier	nt Approval		
Signature of Preparer	ulquai	Allen	3 1	
Printed Name:	Maria Allan	Date:	9/2	6/16
Signature of Approver	3 Haudin And S	Manna amu	TIL	L 7

#### FFY 2017

**Budget Support Sheet B.1** 

Subrecipient:

# City of Austin Health and Human Services Department

# PERSONNEL

BUDGET CATEGORIES  JOB TITLE-CSBG ONLY (EXCLUDING Direct Client Support Staff)	NO OF MONTHS		NNUAL ALARY	% OF CSBG SUPPORT	MOUNT OF
Program Supervisors (2 FTEs)	10.5	\$	125,914	100.0%	\$ 125,914.00
Administrative Assistant (1 FTE)	10.5	\$	34,210	100.0%	\$ 34,210.00
		-			\$ 
				4	\$ -
					\$ 
					\$ -
			-		\$ _
And the second s			•		\$ -
					\$ -
					\$
					\$
					\$ -
ne.					\$ -
					\$ 
					\$ ,
					\$ <u>-</u>
					\$ -
				·	\$ -
					\$ _
					\$ -
					\$ 
					\$ -
					\$ -
					\$ 
					\$ -
			9		\$ -
Sub-Total (CSBG ONLY):					\$ 160,124.00
Sub-Total from tables 2 - 5 below (programs &	positions C	SBG	supports):		\$ -
TOTAL PERSONNEL AMOUNT:					\$ 160,124.00

Note: This "Page Total" must equal "Personnel" line item on the "Summary Page 1"

Scroll down to view tables 2 to 5 (if needed)!

FFY 2017

**Budget Support Sheet B.2** 

Subrecipient:

City of Austin Health and Human Services Department

# FRINGE BENEFITS, TRAVEL, & SUPPLIES

CSBG FRINGE BENEFITS (EXC	LUDING Direct	Client Support	Staff)	
Items			A	MOUNT
F.I.C.A			\$	12,249.00
Unemployment			\$	
Workman's Comp. Insurance			\$	
Health Insurance			\$	38,619.00
Dental Insurance			\$	
Life Insurance			\$	-
Retirement Contribution			\$	28,823.00
Others (List):			\$	
			\$	-
			\$	
CSBG FRINGE BENEFITS:			\$	79,691.00
OTHER PROGRAM(S) FRINGE BENEFITS:			\$	
TOTAL FRINGE BENEFITS AMOUNT:			\$	79,691.00
TRAVE	L (all staff)			
	Miles	x Fed. Rate*		
Local Travel (*Rate cannot be higher than the Federal rate)		In the last	\$	-
Per Diem			-	
Non-Local Travel			-	
Board Member Reimbursement				
TOTAL TRAVEL AMOUNT:			\$	-
SUP	PLIES			en Aslam
Office Supplies		200 200		
Maintenance Supplies				10
Program Supplies				
Postage		NTIYON		
Others (List):			. Torrane	
TOTAL SUPPLIES AMOUNT:		370 E 11 TO	\$	

Note: "CSBG Budgeted Amount" must equal "Fringe Benefits," "Travel," & "Supplies" on the "Summary Page 1"

Scroll down to view tables on pages 2 to 3 (if needed)!

#### FFY 2017

**Budget Support Sheet B.3** 

Subrecipient:

City of Austin Health and Human Services Department

# **EQUIPMENT**

**Note:** Subrecipient is a reminded to follow procurement policies/procedures. Please review TDHCA's guidance on Procurement at the link below:

http://www.tdhca.state.tx.us/community-affairs/procurement/index.htm

EQUIPMENT DESCRIPTION	# OF UNIT	BRAND & MODEL	UNIT COST	TOTAL COST	% CHARGED TO CSBG	AMOUNT(\$) CHARGED TO CSBG
PURCHASES						
				\$0.00		\$ -
				\$0.00		\$ -
				\$0.00		\$ -
				\$0.00		\$ -
				\$0.00		\$ -
				\$0.00		\$ -
		*		\$0.00		\$ -
		•		\$0.00		\$ -
				\$0.00		\$ -
				\$0.00		\$ -
LEASES					1000 RE 1000	
				\$0.00		\$ -
				\$0.00		\$ -
				\$0.00		\$ -
				\$0.00		\$ -
				\$0.00		\$ -
				\$0.00		\$ -
				\$0.00		\$ -
		*		\$0.00		\$ -
				\$0.00		\$ -
				\$0.00		\$ -
Sub-Total (CSBG):	`	1/0-100				\$ -
Sub-Total (Other Programs Sup	ported by	y CSBG):				\$ -
TOTAL EQUIPMENT AN	MOUNI	:				\$ -

Note: "TOTAL" on this page must equal "Equipment" line item on the "Summary Page 1"

Scroll down to view tables on page 2 (if needed)!

#### FFY 2017

**Budget Support Sheet B.4** 

Subrecipient:

# City of Austin Health and Human Services Department

# CONTRACTUAL

CSBG BUDGET ITEMS (CATEGORIES)	TOTAL COST	% CHARGED TO CSBG	CHA	MOUNT RGED TO CSBG
Legal Services		100 Gm E 8	\$	-
Audit Services			\$	-
Accounting Services			\$	-
List others: Shah Case Management NewGen	\$14,950.00	100%	\$	14,950.00
TOP Client Support Subcontract	\$103,221.00	100%	\$ 10	03,221.00
			\$	-
The state of the s			\$	-
22 01: 2	<u> </u>	,	\$	-
Sub-Total (CSBG):		·	\$ 11	18,171.00
Sub-Total (Other Program(s) supported by CSBG:			\$	**
TOTAL CONTRACTUAL AMOUNT:			\$ 11	8,171.00

Note: "TOTAL" on this page must equal "Contractual" line item on the "Summary Page 1"

PROGRAM:	0.000
Legal Services	\$ -
Audit Services	\$ -
Accounting Services	\$ -
List others:	\$ -
	\$ -
	\$ -
	\$ _
	\$ _
Sub-Total:	\$

Scroll down to view tables on page 2 (if needed)!

FFY 2017

Budget Support Sheet B.5

SUBRECIPIENT:

# City of Austin Health and Human Services Department OTHER BUDGET CATEGORIES

OTHER BUDGET CATEGORIES	TOTAL COSTS (\$)	% CHARGED TO CSBG	CHARC	INT (\$) GED TO BG
List the items below:				
			\$	-
			\$	-
			\$	-
			\$	_
677000		- Pages Mai	\$	-
			\$	-
			\$	
			\$	-
		,	\$	-
	1-375		\$	-
			\$	-
			\$	-
			\$	-
			\$	(2)
			\$	2
			\$	1.70
		- ANC 51	\$	-
			\$	-
			\$	-
			\$	
UB-TOTAL (CSBG):			\$	-
UB-TOTAL (OTHER PROGRAM(S)):			\$	-
TOTAL OTHER AMOUNT:			\$	-

Note: "TOTAL AMOUNT" must equal "Other" on the "Summary Page 1"

Scroll down to view tables on pages 2 to 3 (if needed)!

#### FFY 2017

**Budget Support Sheet B.6** 

Subrecipient:

City of Austin Health and Human Services Department

# TOP AND DIRECT CLIENT SUPPORT

BUDGET CATEGORY TOP DIRECT CLIENT SUPPORT	ТО	FAL COSTS (\$)	% CHARGED TO CSBG	AMOUNT (\$) CHARGED T				
TOP Direct Client Support for Case Management Clients	J.	\$1,158,192.	.00	Ton Direct Client Summer Subtestal				
working to Transition Out of Poverty (TOP). Note: Subrecipients receiving an award over \$250,000 must allocate	9.8%			Top Direct	Top Direct Client Support Subtota			
		\$113,221.00	100.0%	\$		113,221.00		
List the type of TOP client assistance to be provided with the TOP be and fringe benefits):	ıdgete	ed funds (EXCLU	DING Direc	t Client Servi	ces Sup	pport Staff salary		
Gift Cards					\$	5,000.00		
Bus Passes					\$	5,000.00		
	6				\$	•		
					\$	-		
		- 81			\$			
	8				\$			
					\$	Table:		
					\$			
Sub-Total for TOP Direct Client Support for Case Ma	nage				\$	10,000.00		
Direct Customer Support Costs (including staff, fringe		\$1,158,192.	.00	Direct Cus	stomer Subto	Support Costs		
benefits and direct support costs). Note: Subrecipients receiving an award over \$250,000 must allocate at least 20% of		9.8%			Bubk	rtat		
CSBG funds to costs related to direct client services, including related salaries and fringe.		\$113,221.00	100.0%					
				\$		113,221.00		
Identify Direct Customer Support Staff and Salary Amounts:	I I							
BUDGET CATEGORIES DIRECT CUSTOMER SUPPORT STAFF	ANN	IUAL SALARY	NO OF MONTHS	% OF CSBG SUPPORT	AMO	OUNT OF CSBG FUNDS		
Community Workers (8 FTEs)	\$	263,092	10.5	100.0%	\$	263,092.00		
Social Workers (4 FTEs)	\$	191,800	10.5	100.0%	\$	191,800.00		
Job Counselor (1 FTE)	\$	40,816	10.5	100.0%	\$	40,816.00		
					\$			
				_	Ψ	-		
					\$			
					1			

			\$	
			\$	-
Sub-Total Direct Customer Support Staff	(CSBG):		\$	495,708.00
BUDG FRINGE BENEFIT ITEMS FO	GET CATEGORIES R DIRECT CUSTOMER SU	PPORT STAFF:	Fr	inge Amount
F.I.C.A			\$	37,922.00
Unemployment			\$	W L
Workman's Comp. Insurance			\$	

Health Insura	nce	\$	167,349.00
Dental Insura	nce	\$	
Life Insurance	e	\$	-
Retirement Co	ontribution	\$	89,227.00
Others		\$	<u> </u>
(List):		\$	-
		\$	
Sub-Total Fr	inge Benefits for Direct Customer Support Staff (CSBG):	\$	294,498.00
	BUDGET CATEGORIES DIRECT CUSTOMER SUPPORT (CLIENT ASSISTANCE) ITEMS:		
	irect clients assistance which may be provided (EXCLUDING Direct Customer Support Staff and Fringe uding TOP client assistance):	Direc	t Client Services Amount
	25	\$	-
		\$	
		\$	
		\$	
		\$	
- "-		\$	G .
		\$	
		\$	_
		\$	2
		\$	-
		\$	
		\$	
Sub-Total Di	rect Customer Support (Client Assistance) Items (CSBG):	\$	
SUB-TOTAL DIRECT CU	TOP DIRECT CLIENT SUPPORT FOR CASE MANAGEMENT CLIENTS, STOMER SUPPORT STAFF AND FRINGE BENEFITS, AND DIRECT SUPPORT ITEMS (CSBG):	\$	800,206.00
	(OTHER PROGRAM(S) Supported by CSBG):	\$	
	AND DIRECT CUSTOMER SUPPORT AMOUNT:	\$	800,206.00

Note: "TOTAL TOP and Direct Customer Support AMOUNT" must equal "Direct Customer Support" on the "Summary Page 1"

Scroll down to use tables on below, if needed!

# CSBG Support For Other Program(s) - List all Program(s) being supported: Identify the program costs of any non-CSBG programs which CSBG will support. Exclude administrative costs. PROGRAM:

#### FFY 2017

**Budget Support Sheet B.7** 

Subrecipient:

Sub-Total (Other Program):

# City of Austin Health and Human Services Department

## INDIRECT COSTS

	BUDGET CATEGORIES		CSBG A	MOUNT
Indirect Costs				
%	Base	CSBG Indirect Costs		) AA
	\$0.00		\$0.00	
	Space left blank i	intentionally		
Sub-Total (CSBG):	Space left blank i	intentionally	1\$	-
Sub-Total (CSBG): Sub-Totals (Program(s) Sup		ntentionally	<b>\$</b>	-

Note: This page "Total Amount" must equal "Indirect Costs" line item on the "Summary Page 1"

<b>CSBG Support For Other F</b>	rogram(s) - List all Progra	m(s) being supported:	
PROGRAM:			
	BUDGET CATEGORIES		AMOUNT
Indirect Costs		,	
%	Base	Indirect Cost	\$0.00
		\$0.00	
Sub-Total (Other Program):			\$ -
	Enter Next Pro	ogram	
PROGRAM:			
	BUDGET CATEGORIES		AMOUNT
Indirect Costs			
%	Base	Indirect Cost	\$0.00
		\$0.00	
Sub-Total (Other Program):			\$ -
	Enter Next Pro	gram	
PROGRAM:			
	BUDGET CATEGORIES		AMOUNT
	Indirect Co	osts	11.10
%	Base	Indirect Cost	\$0.00
		\$0.00	

\$